

Floyd Employability Enhancement Program Participant Enrollment Form/Application

The following information is being requested to determine eligibility for the Floyd Employability Enhancement program and will be used solely for reporting purposes to funding sources. Funding is provided for the Floyd Employability Enhancement program via a Department of Labor Earmark Grant.

***PLEASE BE ASSURED THAT THIS INFORMATION WILL BE MAINTAINED IN A SECURE AND CONFIDENTIAL MANNER.**

Application Date:		Name:	
Phone #		Alternate #:	
Home Address:		Employer: <i>Previous or Current</i>	
Home City, State, Zip, County		Employer City, State, County	
Email Address:		Job Title:	
Start Date:		End Date:	
Salary:			
Job Duties:			
Last 4 digits of Social Security #:			

Personal Information				
Date of Birth:		Age:		
Gender:	Male Female	Have you registered for the Selective Service?	YES	NO N/A
Citizenship:	<input type="checkbox"/> U.S. Citizen/Naturalized <input type="checkbox"/> Lawfully admitted Alien/Refugee <input type="checkbox"/> Permanent Resident <input type="checkbox"/> No-none of the above	Verification Source (need copy for file):		
		OR	AND	
		<ul style="list-style-type: none"> - U.S. Passport - Permanent Resident Card or Alien Registration Receipt Card - Foreign passport with I-551 notation 	<ul style="list-style-type: none"> - Driver's license - Official Photo ID - Voter registration card - U.S. Military card - Native American tribal document 	<ul style="list-style-type: none"> - Social Security Card - U.S. birth certificate - Native American Tribal document - U.S. Citizen ID card - Identification Card for Use of Resident Citizen in the United States

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Race:	<input type="checkbox"/> White <input type="checkbox"/> African American/ Black American <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> One or more races <input type="checkbox"/> Information not provided		
Individual with Disability:	YES NO	Have ever been convicted of a felony?	YES NO
What is your family size?		What is your annualized family income?	\$ _____
Veteran Information			
Have you served in the US Military, Naval or Air Services?	<input type="checkbox"/> Yes, less than or equal to 180 days and was discharged under other then dishonorable conditions <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> No <input type="checkbox"/> Yes, Other Eligible Person	Are you a campaign veteran?	YES NO
Are you a disabled veteran?	YES NO	Are you a recently separated veteran? (within last 48 months)	YES NO

Employment Information			
Employment Status	<input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed (by someone else) <input type="checkbox"/> Employed with Notice of Termination /Military Separation <input type="checkbox"/> Never Worked	Current or most recent rate of pay:	\$ _____
If employed, are you under employed?	YES NO	Have you received a termination or layoff notice from your last job or, if still employed, current job?	YES NO

Education Information

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Current School Grade Completed (from registration)	<input type="checkbox"/> No School Grade Completed <input type="checkbox"/> 1 st Grade Completed <input type="checkbox"/> 2 nd Grade Completed <input type="checkbox"/> 3 rd Grade Completed <input type="checkbox"/> 4 th Grade Completed <input type="checkbox"/> 5 th Grade Completed <input type="checkbox"/> 6 th Grade Completed <input type="checkbox"/> 7 th Grade Completed <input type="checkbox"/> 8 th Grade Completed	<input type="checkbox"/> 9 th Grade Completed <input type="checkbox"/> 10 th Grade Completed <input type="checkbox"/> 11 th Grade Completed <input type="checkbox"/> 12 th Grade Completed & Did not Graduate <input type="checkbox"/> General Equivalency Degree (GED) <input type="checkbox"/> High School Diploma	<input type="checkbox"/> 1 Year at College/Tech/Vocational <input type="checkbox"/> 2 Years @ College/Tech/Vocational <input type="checkbox"/> 3 Years @ College/Tech/Vocational <input type="checkbox"/> Vocational School Certificate <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Specialized Degree (Ex. MD, DDS)
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ASSESSMENT INFORMATION		
Computer Skills assessment	Date Completed:	Results
Career/Occupational Goal:		
How does the training benefit you and your career?	<input type="checkbox"/> Without this training, I would not be able to continue in my line of work. <input type="checkbox"/> Without this training, I would not be able to advance within my company. <input type="checkbox"/> Without this training, I would not be able to successfully compete for additional work/contracts. <input type="checkbox"/> Other _____	

TRAINING INFORMATION	
Eligibility:	I am in need of advanced computer skills training to further my business or become employable? Yes or No
How were you referred to the Floyd Employability Enhancement Program?	<input type="checkbox"/> Employer <input type="checkbox"/> Jacksonville Center <input type="checkbox"/> Goodwill Industries of the Valleys <input type="checkbox"/> Floyd Public Library <input type="checkbox"/> Adult Education <input type="checkbox"/> Neighbor/Friend <input type="checkbox"/> Home Employment Information Session at Citizens <input type="checkbox"/> Flyer <input type="checkbox"/> Newspaper <input type="checkbox"/> New River Community Action <input type="checkbox"/> Other _____

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Training programs of interest	<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> All of Microsoft Office Suites Programs <input type="checkbox"/> Adobe Photoshop <input type="checkbox"/> Adobe Acrobat <input type="checkbox"/> Adobe In-Design <input type="checkbox"/> Adobe Dreamworks <input type="checkbox"/> Adobe Illustrator <input type="checkbox"/> All of Adobe Creative Suites Programs <input type="checkbox"/> Customer Service Skills <input type="checkbox"/> Work Readiness/Employment Search Training	In order to attend classes I need assistance with: <input type="checkbox"/> Child Care <input type="checkbox"/> Transportation
Expected Training Outcomes:		

APPLICANT CERTIFICATION

I understand that registration does NOT guarantee class enrollment. Should registration of class(es) be higher than capacity for the class(es) the Jacksonville Center Staff will choose participants based on priority of service (for employment need): those that are unemployed or "under employed."

I certify that the information provided in the attached application is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and that I may be asked to provide documents to support this application. I allow release of this information for verification purposes and understand that it will be used to determine funding eligibility, and for reporting purposes for the Floyd Employability Enhancement program funded via ... grant. I also understand that if I am determined eligible for the program, my employer and/or I will be contacted after my training is complete to follow up on the outcomes and success of the program.

Signature of Applicant

Date

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CONSENT TO EXCHANGE INFORMATION

I hereby authorize the sharing of written and verbal information by the staff of the Jacksonville Center's Employability Enhancement Program and their project partners to enable them to provide and/or coordinate grant-funded services for my benefit through the end of the grant reporting cycle, on or before December 31, 2012. I understand that information disclosed between the Floyd's Employability Enhancement partners will remain confidential and will be used for grant tracking by the U.S. Department of Labor and will not be re-disclosed to any other party without my consent. I further acknowledge that I can withdraw my consent to exchange information at any time by contacting the referring agency, but by doing so, I may forfeit my rights to receive continued funding or employment services during the grant term.

Signature of Applicant

Date

Jacksonville Center STAFF USE ONLY:

I have reviewed all of the attached information supplied by the applicant and have found it to be a reasonable representation of the individual's status at the time of intake; and I approve their eligibility for and enrollment in the Employability Enhancement program.

Signature of Responsible Staff

Enrollment Date

Printed Name